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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/613,439 07/11/2000 PAT 7,048,710 which is a DIV of 09/071,284 05/01/1998 PAT 6,162,192

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***    **\*\* SMALL ENTITY \*\***  
 09/08/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

DEPTH AND PUNCTURE CONTROL FOR SYSTEM FOR HEMOSTASIS OF BLOOD VESSEL

<b>FILING FEE RECEIVED</b> 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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